

Name of Imaging Service

Obstetric U/S Worksheet 5 to 17 weeks

Name		Notes
Date of Birth (Age)		
Patient Number		
Episode Number		
Scan Location		

LMP.../.../...	EDD(LMP) .../.../...	This scan Gest est ...w ...d	Parity (G) ...
Prev US.../.../...(...w...d)	EDD(US) .../.../...	Singleton <input type="checkbox"/> /Multiple No. ...	Fetus No. (P) ...

EARLY PREGNANCY	Viable IU preg <input type="checkbox"/>	Non-viable IU preg <input type="checkbox"/>	RE-scan in 7 days <input type="checkbox"/> F.pole<5mm, no FH seen, MSD <2cm
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Comment on viability	
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Mean Sac Dia. Calc.

Diameter 1 =	... mm	CRL		NT Assessment	Note range for NT measurement CRL from
Diameter 2 =	... mm				
Diameter 3 =	... mm				
Total = /3 = mmmm	=... w ... d	Nuchal Translucency mm
		Yolk Sac	<input type="checkbox"/>	Background risk	
				Adjusted risk	

Foetal Biometry (12 wk +)

BPD = ... mm	Ave US age Est.	Placental Location	CVS/Amnio Performed ? Y <input type="checkbox"/>
HC = ... mm			FH seen post procedure? Y <input type="checkbox"/>
AC = ... mm	... w ... d	Placental Haem <input type="checkbox"/>	
FL = ... mm			Performed by ?

Foetal Anatomy

Mark if All Structures seen in each Section	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>		
A: 8-9 weeks	Head <input type="checkbox"/>	Trunk <input type="checkbox"/>	Limbs <input type="checkbox"/>	Spine <input type="checkbox"/>	HR <input type="checkbox"/> ... bpm	Yolk Sac <input type="checkbox"/>
B: 10-11 weeks	<i>Head</i>	Thorax	Abdomen	Limbs	Spine Ossified?	
	Skull <input type="checkbox"/>	2 A-V valves	Stomach <input type="checkbox"/>	Long Bones <input type="checkbox"/>	Y <input type="checkbox"/> /N <input type="checkbox"/>	
	Choroid Plexus <input type="checkbox"/> <input type="checkbox"/>	Bladder <input type="checkbox"/>	Hands/Feet <input type="checkbox"/>		
	Falx <input type="checkbox"/>	FH Rhythm <input type="checkbox"/>		Movements <input type="checkbox"/>		
C: 11-12 weeks	Orbits <input type="checkbox"/>	Diaphragm <input type="checkbox"/>	Kidneys <input type="checkbox"/>			
D: 12-17 weeks	Nose/chin <input type="checkbox"/>	4 ch heart <input type="checkbox"/>	Cord insertion <input type="checkbox"/>	Fingers <input type="checkbox"/>	Spine <input type="checkbox"/>	
	Profile <input type="checkbox"/>	RVOT <input type="checkbox"/>	Gender XX / XY	Toes <input type="checkbox"/>	Skin line <input type="checkbox"/>	
	Ventricles <input type="checkbox"/>	LVOT <input type="checkbox"/>				
	Cavum <input type="checkbox"/>	Axis <input type="checkbox"/>				
	Cerebellum <input type="checkbox"/>	Lung <input type="checkbox"/>				

Pelvis

<i>Uterus Right</i>	<i>Ovary Left ovary</i>	<i>Pouch of Douglas</i>	<i>Other</i>	<i>Comments:</i>
Fibroid Y / N	Corpus luteum Y <input type="checkbox"/> /N <input type="checkbox"/>	Corpus luteum Y <input type="checkbox"/> /N <input type="checkbox"/>	Fluid Y <input type="checkbox"/> /N <input type="checkbox"/>	
Other	Adnexal mass Y <input type="checkbox"/> /N <input type="checkbox"/>	Adnexal mass Y <input type="checkbox"/> /N <input type="checkbox"/>	Comment	

Sonographer		Reported by:	
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